

Articulating Counselling in the Context of Registration and New Right Policy

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Abstract

Originally presented as a paper at the 2013 NZAC National Conference in Napier, this article contributes to discussions about the position that counselling needs to take up in order to thrive in the current political environment. It attempts to consider counselling's position in the face of a social and health policy landscape dominated by a New Right agenda, as this is manifested in professional regulation by the state, and calls for practice to be evidence based. I suggest that the counselling profession needs to respond to these calls. We need to take them seriously while holding fast to the values of our profession which, I suggest, privilege the relationship between counsellor and client. In particular, it is argued that counselling and counsellors need to become engaged in producing practice-based research evidence.

Keywords: research; evidence-based practice; practice-based evidence; outcome rating scales; professional association; social policy

The New Right policy referred to in the title of this paper has been a dominant theme of government policy, which can be traced back to the policy agenda of the Thatcher government in the UK and which was introduced to New Zealand in the mid-1980s. It may also be referred to as economic rationalism (Hazeldine, 1998) or neo-liberalism (Shaver, 1999; Stanley & Kelly, 2010). New Right or neo-liberal policies expect high levels of individual responsibility and offer limited state support (Stanley & Kelly, 2010). Whatever these policies are named, they share common characteristics: a deregulated business environment and a heavily regulated social-services environment (Dominelli, 1999). Professional registration is an integral part of the current political environment in which interpretations of economics now have more influence than social values (Hazeldine, 1998). In this paper I argue that the policy environment

within which counsellors are currently working is making almost continuous calls on us to practise in particular ways—ways which may be different from many of our preferred approaches.

Central to these calls that we practise differently are demands that counselling practice be “evidence based.” A significant example of these demands is at the heart of the report from the Prime Minister’s Chief Science Advisor: *Improving the transition: Reducing social and psychological morbidity during adolescence* (Gluckman, 2011). The executive summary of this document states:

One dominant message comes through—that application of the international and domestic evidence base to policy formation and programme development in this area will lead to better outcomes for our young people. (p. 1)

One chapter of this report makes the claim that counsellors do not have the appropriate training required to enable them to work adequately in treating adolescent depression (Merry & Stasiak, 2011, p. 196). While this is but one example, it does go to the heart of the work of school counsellors, who are a significant section of the counselling profession in Aotearoa. Furthermore, I suggest that this claim is echoed in other areas of counselling practice.

My purpose in this paper is to offer a contribution to the counselling profession’s response. I argue that counselling needs to be articulated differently in order to remain relevant as a profession in the current policy environment. The ideas that I am offering here are informed by my experiences as a counsellor educator, as a member of NZAC’s National Executive, and more recently as a contributor to ongoing professional development for experienced nurses. I have drawn on counselling, psychology and health literature. Unless we can articulate counselling in a way which upholds our values and speaks to the current New Right policy framework, our success in advocating for our profession and for the needs of our clients will be limited.

A history of change and development

I recognise that a call for changes in how we understand and practise counselling may concern some practitioners. In response, I reflect that in my 25 years of practice there have been several noteworthy developments that have influenced our understanding of good practice. Each of these has been significant in its time, some have been controversial, and all of these have eventually become incorporated into articulations of counselling practice.

- In 1985, Mason Durie first invited counsellors to consider the Treaty of Waitangi (Durie, 1989; Hermansson, 1999).
 - In 1988, there was a drive to encourage all school counsellors to engage in supervision. At the same time, the professional association (then called the New Zealand Counselling and Guidance Association) was lobbying unsuccessfully for the Education Department to fund this (Hermansson, 1999).
 - In 1991, a new Code of Ethics came into effect. The impetus for this development was an external concern that the previous code did not proscribe sexual intimacy between counsellor and client and that confidentiality was loosely framed (Hermansson, 1999, p. 105).
 - Also in 1991, the first membership requirements were established. Prior to this time, an applicant only needed to supply contact details.
 - In 1992, almost two decades after the Association's formation, a complaints process was implemented (Hermansson, 1999, p. 121) to hear the first complaint against a member. The Ethics Committee was established two years later to manage a growing number of complaints against members. Members were becoming practically accountable to their Association for their practice.
 - In 1997, criteria for entry to membership became significantly more demanding—it became mandatory to complete a period as a provisional member before gaining membership status—and from this time, members were also required to reaffirm their commitment to professional standards in order to renew their membership (Hermansson, 1999, pp. 142–143).
 - In 2002, a second major revision of the Code was implemented with the Treaty of Waitangi at its centre .
 - The passage of the Health Practitioners Competence Assurance Act 2003 (HPCA Act) in 2005 reignited debate about whether counselling should become a registered health profession. This debate had been initiated in 1988 (Hermansson, 1999, p. 91).
- Over the last quarter-century, the NZAC has addressed many issues. At the time when they took place, the debates on these issues were sometimes divisive and challenging, yet from that process of debate we have produced new understandings about what it means to practise as a counsellor. All of the issues and events cited above have become incorporated into how we understand and articulate counselling practice. Most are no longer debated. Perhaps the issue of professional registration is still debated because the Association has not been able yet to finalise counselling's position in relation to the HPCA Act. Based on this history of change and development, we should not

be reluctant to consider how we can reshape counselling to thrive in this current environment.

I have been fortunate to be in a series of contexts which have stimulated my thinking about how we need counselling to be seen and understood within the community. These contexts include my experience since the late 1990s as a counsellor educator; my involvement since 2009 as a member of NZAC's National Executive; and my recent experience of working with a nurse educator colleague in postgraduate teaching related to professional identity development in an interdisciplinary environment, mostly for nurses in mid-career.

Within National Executive and in my local community, I hear many stories about challenges to counselling practice. Some agencies are choosing to appoint social workers rather than counsellors, and DHB-funded contracts seek "registered health professionals" even when the job description calls for high-level counselling skills. The number of counselling positions in agencies has been reduced and referrals to private practitioners are shrinking. New graduates are finding it hard(er) to secure work. I have seen students transferring to study Social Work because Social Work students are seen to be more likely to obtain employment. Finally, recent changes to student allowances have produced a decline in enrolments for at least some counsellor education programmes.

These anecdotes are one indication of the challenges that the counselling profession currently faces. Shrinking government funding for social interventions and apparent funder preferences for registered professionals combine to reduce the employment opportunities for counsellors. The ways in which we respond to these challenges have the potential to shape our profession for the next decade. Here I offer some developing ideas about the re-articulation of counselling that is being asked of us, and suggest some ways in which we might prepare for the challenges our profession is facing.

Before I do that, I want to refer to Sue Webb's (2000) article "Debugging counselling for the new millennium: A counsellor's view from Mount Hikurangi."¹ The dawn of the new millennium seems such a long time ago now, and perhaps this millennium no longer seems *new*. However, Webb's article provides an excellent survey of the profession in New Zealand and of the issues faced both by the profession and by this organisation at that time. She addresses a number of dilemmas and asks helpful questions:

- What is the role of a professional association?
- Who is counselling? What are the implications of a largely feminised and self-employed workforce?

- How do we adequately address cultural issues in practice and within the association?
- What is the authority of “New Right” thinking and how does it impact on the conceptualization of practice?
- How do we set counselling standards?
- The NZAC’s growth in size: in the year 2000 the Association had 2000 members (now it is 50% larger).

Webb concludes:

Counselling itself is faced with re-affirming its empowering focus, with the client perceived as the expert and the therapeutic relationship viewed as central. A professional association must pursue a careful line—maintaining the spirit of counselling in adverse times and mediating between its members and the social forces whose approval and support ultimately provide access to help for clients. (Webb, 2000, p. 314)

The issues which Webb (2000) attributed to New Right economic and social policy are still present and they appear to have gained momentum.

- In relation to the dilemmas of third-party funding, think of the ACC’s clinical pathway proposals.
- Counsellors as small business operators. For some, private practice is a preference, while for others it is their only choice for employment.
- The dominance of medical terminology and its corrosive effect on counselling’s positioning of the client as the expert.
- Calls for regulation.
- Contestable funding and competition between providers and professions.
- The media’s delight in undermining counselling (see, for example, Chisholm, 2013).
- An interest in standards.

The ideas that I outline here have come from my position at the intersection of counselling practice and nursing practice: at the intersection of National Executive—and its interest in walking that “careful line” that Webb mentions—and counsellor education, with its interest in continuously reviewing what it is that we need to teach students who are seeking to enter the profession, as well as those who might be seeking appropriate professional development. Considerations include counselling’s place in a regulatory environment, a reconceptualisation of counselling practice, and the place of research within counselling.

Counselling in a regulatory environment

NZAC members will have experienced much debate and frustration over the past decade about whether counselling should become a regulated activity. In 2000, before the passage of the HPCA Act, Webb (2000) wrote:

[The Association] probably best protects members' interests by instituting systems of regulation and accountability itself that enable these to develop within an appropriate counselling culture, rather than succumbing to outside intervention, which risks creating systems that contradict and undermine the purposes of counselling. (p. 309)

At that time, registration was not an option. However, since the passage of the HPCA Act in 2003, the Association has struggled with deciding what to do in relation to the possibility of registration under the Act. For several years, the Association has been committed to a registration pathway. For myself, my engagement with social theory as I wrote my doctoral thesis persuaded me that the Association needed to engage with the state's regulatory system (Crocket, 2010). As difficult as a move to registration might be—and the experience of the psychotherapy profession has been one of significant difficulty and division (Tudor, 2011)—I believe we cannot stay outside of the dominant mode of defining professional practice in this country. Since 2003, the dominant mode of defining what constitutes professional practice in the health professions has been professional registration under the HPCA Act. If we cannot access some form of registration, our status will be diminished in the eyes of funders, service providers and many clients.

The shape of the NZAC's engagement with the state's regulatory system potentially shifted in 2010, as the Ministry of Health unveiled a review of the HPCA Act. The review appeared to support self-regulation and, consequently, the National Executive authored a paper (Crocket, Bocchino, Begg, McGill, & McFelin, 2010) which explored self-regulation. This was forwarded to the Ministry by the Combined Counselling Associations of Aotearoa New Zealand (CCAANZ). The Ministry was initially willing to engage with the possibility of counselling trialling a self-regulation model which would have been audited to demonstrate the rigour of this process. However, the Ministry officials with whom CCAANZ was meeting were instructed to not to continue these discussions when the latest review of the Act was announced.

While this latest review is almost complete (at the time of writing), and it appears that the focus of the review is on reducing the costs of regulation, it is not yet clear

whether the Ministry of Health will consider new applications for registration. Perhaps, if the government has been swayed by the Pike River Coal Mine disaster, self-regulation will not be an option. It is not my intention to equate the risks in mining with those in counselling; however, major contributors to that tragedy were failures of both regulatory oversight and risk management of the company (Royal Commission on the Pike River Coal Mine Tragedy, 2012, p. 15). A renewed interest in regulation could result if professions are not seen to be able to self-manage. If the New Zealand government is influenced by recent decisions in the UK, where the government reversed direction in 2010 and decided on extensive professional self-regulation (Aldridge & Mulvey, 2013),² then HPCA Act registration might not be an option. My view is that we need to take the best choice that is available as soon as an opportunity arises.

Whether we are able to pursue registration for counselling, or if self-regulation is the best choice, I suggest that either move will bring changes to the conceptualisation of counselling because counselling will be operating within a regulatory environment. This is one reason why the National Executive has worked to develop the draft standards for counsellor education that are currently being finalised, in order to inform counsellor education in either a state-regulated or a self-regulated environment. More stringent annual recertification requirements for counsellors may also be needed. It is certainly appropriate that we review these requirements, and this is part of the National Executive's medium-term plan. While a registration board would take responsibility for these matters, the National Executive plans to have processes in place to offer a board, should counselling become registered.

But how might counselling practice be reconceptualised?

Reconceptualising practice

I have argued that counsellors are vulnerable if we cannot effectively position and articulate our practice within the broader context of social service and health policy. Looking from the top of Hikurangi in 2000, Sue Webb wrote:

[The] medicalisation of counselling...presupposes a "science" of well-being and operates to separate and contain the distress within the person in order to treat it. Use of the language of medicine requires the counsellor to act as expert in relation to the client's problem.... This way of thinking is likely to be inimical to the models of human functioning learnt in relation to the counselling process. (pp. 308–309)

How are counsellors to practise in ways that are not overtaken (in this case) by medical discourse? It might seem that Webb's comment also applies to the criticisms of

counsellor education in the Gluckman (2011) report, even though those criticisms are based in psychology rather than medicine.

Within nursing literature, there is a conceptualisation of practice that provides nurses with a framework for what is described as clinical reasoning. Clinical reasoning involves making practice decisions by intentionally drawing on three sources of practice knowledge:

Propositional knowledge, which is the knowledge we get from research and theory;

Professional craft knowledge, which is the knowledge we get from professional experience;

Personal knowledge, which is the knowledge we get from our own experience.

(Richardson, Higgs, & Dahlgren, 2004, p. 7)

This framework underpins both nursing education and practice, in which nurses are able to use the framework to inform their clinical reasoning. In each practice situation, they must make conscious decisions about the weight to put on each of these three sources of knowledge. Research evidence will be drawn on to weigh against practice experience, but equally, practice and personal knowledge may be drawn on to shape the nurses' response to research's description of a practice situation.

This conceptualisation of three types of knowledge is really helpful for decisionmaking in the context of the New Right's demand for evidence-based practice. However, I believe counselling has been poorly placed in relation to the demand for evidence-based practice. For example, as noted earlier, the major report on youth mental health by the Prime Minister's Chief Science Advisor (Gluckman, 2011) offers a strong critique of counselling in relation to evidence-based practice.

Most primary-care service providers and school guidance counsellors do not have training in the specific psychological therapies known to be effective for young people. (Merry & Stasiak, 2011, p. 196)

Counsellors are here described as deficient because they are not trained in particular "evidence-based treatments" (Littel, 2010).³ Littel makes a distinction between evidence-based treatments and evidence-based practice; the first is a prescriptive approach where set procedures must be adhered to, while the second, evidence-based practice, utilises a framework similar to the nursing model introduced above. In each practice context, the practitioner needs to choose his or her direction in a manner which is appropriately informed by propositional knowledge (which is likely to include

research evidence), professional knowledge, and personal knowledge (Richardson et al., 2004). In general usage, it seems likely that these two concepts can become confused.

My impression has been that counsellors have been poorly positioned in relation to both evidence-based treatment and evidence-based practice. Indeed, it is my conclusion that a “traditional” New Zealand counsellor education programme has focused most on professional/craft knowledge and personal knowledge. For many counsellors, focusing on the craft of building a therapeutic relationship and on understanding their own perceptions and responses have been at the heart of practice. Propositional knowledge, especially when that knowledge has been based on research, has not necessarily been brought to the fore for many of us.⁴

Rogers and Miller’s (2011) observations of students also support my argument that counsellors attend more to professional and personal knowledge than to research (or propositional knowledge). They ask why so few of their students

engage in or even read research once they have graduated, relying rather on their clinical practice and supervision for their continuing professional development?
(p. 74)

I suggest that this is consistent with practising within a professional community which has historically not much valued research and, rather, has relied on craft knowledge and personal knowledge.

Skovholt and Starkey (2010) propose a model for counselling similar to the nursing model which emphasises the tensions between three domains of knowledge:

The practitioner culture suggests that reflection on craft is the most important source of influence.... The academic research suggests that science is the best source of knowledge for practice.... Candid discussion with practitioners... shows that personal life is also a rich source of guidance and knowledge. (p. 126)

Skovholt and Starkey have characterised their model as a three-legged stool. For counselling practice, this metaphor offers a balance between craft, research, and personal knowledge. The way these three are to be balanced is to be a matter of professional decisionmaking, which is what evidence-based practice is best understood to mean (Littel, 2010).

Rogers and Miller (2011) have made a cogent argument for shaping a New Zealand counsellor education curriculum in relation to research, with an emphasis on practice-based research. I will return to their approach in a later section.

Research and the future of counselling in Aotearoa

In the previous section, I made an argument for a process by which research can inform counselling practice without overwhelming our interest in professional craft and personal knowledge. In this section I want to explore research in a broader context.

Over my past four years as a National Executive member, I have been close to the work that has been done to address challenges to the profession of counselling. The ACC Clinical Pathway battles, and the recently concluded Family Court review, are two obvious examples. Many counsellors will have felt direct impacts from these rather brutal interventions by various arms of the government. I have been involved, as well, in the work that the National Executive has done alongside NZAC's media relations advisers to better position the Association in discussions with ministries and with Ministers of the Crown.

In this political context, it has become starkly obvious that the NZAC does not have easy access to counselling research which would help the National Executive's advocacy for members, for the profession in general, and especially for clients. In general, the government bases its policy actions on research about the effect of proposed interventions. The NZAC is disadvantaged by the relative absence of research that demonstrates the positive effects of counselling work in New Zealand when we approach the government or the media.

Presenting at the NZAC Counsellor Education conference in 2011, Neil Rogers and Judi Miller proposed:

a revitalization of the term evidence-based practice so that it includes the evidence of reflexively-observed counselling experience. Such revitalization would focus more on practice-based evidence than evidence-based practice, but accept that both can contribute towards delivering a rigorous and relevant knowledge base for counselling. (p.74)

Practice-based evidence would come from research which sat closer to the beliefs and understandings that counsellors have of their practice than the prescriptions of evidence-based treatments or the application of others' research to practice in a way which might be described as evidence based.

Bob Manthei has published a number of articles in New Zealand and overseas which evaluate the effectiveness of counselling services (Manthei, 2005, 2012; Manthei & Duthie, 2003; Manthei & Nourse, 2013). He has also investigated other aspects of counselling relationships, including the level of agreement between counsellor and

client (Manthei, 2007a) and clients' experiences in counselling (Manthei, 2007b). In the broadest sense, his work contributes to the evaluation of the effectiveness of counselling. In the United Kingdom, Mick Cooper (2008) has drawn together a wide range of findings from many research studies about the effectiveness of counselling and has published these in a book subtitled *The Facts are Friendly*. Cooper records that the effectiveness of counselling as an intervention in a person's life has been shown to be greater than the effectiveness of many medical interventions. While this is really useful, we need studies that sit within the New Zealand context and which speak to the effectiveness of counselling practice here.

Finally, we need systematic counselling outcome research, which can be seen as a form of practice-based evidence. Growing evidence suggests that the regular collection of formalised evaluations by clients of their experience in counselling offers practitioners useful information to guide the ways in which they might tailor their approaches responsively to better meet each client's needs (see, for example, Duncan, Miller, & Sparks, 2007; Simon, Lambert, Harris, Busath, & Vazquez, 2012). These individual evaluations are able to be aggregated to produce evidence of positive changes being experienced by clients. A number of agencies now do this routinely and from this collection of client evaluations, session by session, they are also able to make evidence-based claims about the effectiveness of their agencies' performance in relation to their contract requirements. The March 2013 newsletter of *Relationships Aotearoa* says:

We are delighted with the results from our client directed outcomes informed (CDOI) reporting system, which shows from the sample so far analysed, of those who enter the service in clinical distress, 71.3% had significant change and 60% moved into clinical recovery. (Relationships Aotearoa, 2013)

These results are consistent with, albeit slightly less than, the 80% positive effect cited by Cooper (2008).

In May, I attended the British Association of Counselling and Psychotherapy's 2013 Research Conference. I was struck by the emphasis on outcome research across the conference—in a keynote (Lambert, 2013) and in individual presentations. One symposium on school counselling demonstrated how developments in that field have been supported by outcome research, which provides both an additional tool for counsellors to use with their clients and a very robust method of reporting on the levels of change experienced by these clients as a group without impinging on their confidentiality. These data were derived from session by session evaluations that clients completed

using one of the available outcome rating scales,⁵ and were aggregated to produce clear evidence of the effects of the counselling work undertaken. The availability of robust outcome research would have assisted NZAC in its recent advocacy for school counselling, sexual abuse counselling, and Family Court counselling.

We might assume that large NGOs, like Relationships Aotearoa, will engage in gathering outcome data both to enhance and to demonstrate the effectiveness of the services they offer. It would be in their interests to do so. A significant number of NZAC members are in single or joint private practice, with many dependent for at least some of their income on state-funded counselling. Many others work in secondary schools where they are entirely dependent on locally managed state funding. Likewise it would be in the interests of these groups to be able to demonstrate their effectiveness with some practice-based evidence derived from the use of outcome rating scales. Perhaps the NZAC could have a role in facilitating a practical framework for this. I am suggesting that outcome data might enhance our practice as it might alert practitioners to things which research suggests that counsellors can miss (Lambert, 2013) and then that the aggregated data from individual client evaluations would also provide evidence of the value of counselling practice.

I conclude by returning to Webb's (2000) closing remarks:

Counselling itself is faced with re-affirming its empowering focus, with the client perceived as the expert and the therapeutic relationship viewed as central. A professional association must pursue a careful line—maintaining the spirit of counselling in adverse times and mediating between its members and the social forces whose approval and support ultimately provide access to help for clients.
(p. 314)

I suggest that we must re-engage with this process of reaffirmation at the same time that we walk a careful line between the claims made about particular practices and the practice skill of counsellors. As a profession, we need to accommodate ourselves to the terms of a regulatory environment and reconceptualise counselling as being underpinned by research as well as theory and professional and practice knowledge. We need more research and, within this, outcome research must be prominent.

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Endnotes

1. Mount Hikurangi is on the East Coast north of Gisborne. As the first place on the New Zealand mainland and one of the first places in the world to see the sunrise, it had a particular significance in the celebration of the dawn of the "new millennium."
2. The British Association of Counselling and Psychotherapy is the first organisation in the UK to achieve self-regulatory status for its members.
3. Incidentally, the assertion that counsellors are not trained in "effective therapies" is not accompanied by any evidence documenting a lack of appropriate training.
4. I acknowledge that research is emphasised in counsellor education today, and in some postgraduate programmes it has been from the time of their inception 40 years ago.
5. For examples of outcome rating systems, go to <http://scottdmiller.com/performance-metrics/> or <http://www.oqmeasures.com/page.asp?PageId=6> or <http://www.coreims.co.uk/>

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